

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>01/12/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>19</i>	<i>7 20 00</i>
FORMALITY REVIEW		<i>67805</i>	<i>9-27-0</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4-28-00
2	✓	✓	4-16-00
3	✓	✓	4-16-00
4	✓	✓	4-16-00
5	✓	✓	4-16-00
6	✓	✓	4-16-00
7	✓	✓	4-16-00
8	✓	✓	4-16-00
9	✓	✓	4-16-00
10	✓	✓	4-16-00
11	✓	✓	4-16-00
12	✓	✓	4-16-00
13	✓	✓	4-16-00
14	✓	✓	4-16-00
15	✓	✓	4-16-00
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17	✓	✓	4-16-00
18	✓	✓	4-16-00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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